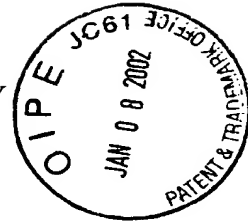


DECLARATION AND POWER OF ATTORNEY



My residence, post office address and citizenship are as stated below next to my name.

"COMPOUNDS AND METHODS FOR THE TREATMENT OF NEOPLASTIC DISEASE"

[] is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International application, having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s) Number	Country	Filing Date	Priority Claimed
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I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

Application Number	Filing Date
60/220,635	July 25, 2000

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Serial No.	Filing Date	Status
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I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

Customer Number 20462.

Address all correspondence and telephone calls to Edward R. Gimmi, GlaxoSmithKline, Corporate Intellectual Property-U.S., UW2220, P.O. Box 1539, King of Prussia, Pennsylvania 19406-0939, whose telephone number is 510-270-4478.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Symon G. Erskine

Inventor's Signature: 

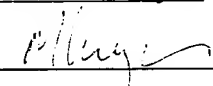
Date: 30th Oct 2001

Residence: Collegeville, Pennsylvania 19426 United States of America

Citizenship: United Kingdom

Post Office Address: GlaxoSmithKline
Corporate Intellectual Property - UW/2220
P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

Full Name of Inventor: Michael Gwynn

Inventor's Signature: 

Date: 30th Oct 2001

Residence: Collegeville, Pennsylvania 19426 United States of America

Citizenship: United Kingdom

Post Office Address: GlaxoSmithKline
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

Full Name of Inventor: Neil David Pearson

Inventor's Signature: Neil David Pearson

Date: 22nd November 2001

Residence: Harlow, Essex CM19 5AD, United Kingdom

Citizenship: United Kingdom

Post Office Address: GlaxoSmithKline
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939

Full Name of Inventor: Edwina Imogen Wilding

Inventor's Signature: E. I. Wilding

Date: 31-01-01

Residence: Collegeville, Pennsylvania 19426 United States of America

Citizenship: United Kingdom

Post Office Address: GlaxoSmithKline
Corporate Intellectual Property - UW2220
P.O. Box 1539
King of Prussia, Pennsylvania 19406-0939